finger for the left ureter and the right index finger for the right ureter. The normal ureter presents itself as a slender cord, with its convexity outward, and with a restricted mobility, due to its anatomical relationship with the peritoneum and side of the pelvis. It is smaller than a goose quill, feeling about the size of an ordinary shoestring. It is best palpated by sweeping the finger above the point of its location and then slightly bending the end of the finger, as one might in picking the strings of a guitar, sweeping them down over the ureter, straightening the finger out and going back and bending it again before going down, always getting the feel of the ureter from above downward and not from below upward. Palpation of the ureters opens a great diagnostic field. Among conditions discoverable, according to Judd, are the following: An acute ureteritis, diagnosticated by simple tenderness along the line of the ureter. Chronic ureteritis and periureteritis are shown by tenderness and thickening, the greater the extent of the periureteritis, the greater will be the lessened mobility of the ureter. Tuberculosis of the ureter and kidney gives a thickened, nodular feeling with tenderness and restricted mobility. Calculi and gravel in the ureter furnish a most brilliant field for diagnosis. It is Judd's belief that these conditions can often be detected where the wax-tipped ureteral catheter fails to disclose a stone, particularly where the stone is smooth and pocketed.

---

**Contra-indications to Nephrolithotomy.** — Before deciding upon operation in cases of stone in the kidney or ureter, BRAASCH (*Minnesota Med.*, 1920, iii, 387) states that we should consider the duration of symptoms, the size, situation and number of stones, the question of bilateral lithiasis, the renal function and complications in other organs. The duration of symptoms should be a considerable factor in determining the advisability of immediate operation since it is not generally realized that probably 75 per cent. of renal stones pass spontaneously. The majority of these stones will probably pass within three or four months following the first symptom. It may be stated, therefore, that it is usually inadvisable to operate for a stone in either the kidney or ureter until at least three months, and possibly six months have elapsed since the onset of the symptoms. Immediate operation for stone following the first or second attack of pain, without evidence of other complications, is strongly to be condemned. Nature should be given full opportunity to remove the stone without intervention. There may be exceptions to this rule, such as excessive pain continued over a duration of several weeks or months, evidence of acute perinephritic or cortical infection, and evidence of urinary retention sufficient to endanger the kidney. Moreover, when it is evident that the stone is too large to pass, nothing is gained by further delay even though the onset of symptoms is very recent. If the stone is less than 2 cm. in diameter, operation should be delayed. If the stone is situated in the cortex of the kidney, the urgency for operation is not so great as when the stone is in the renal pelvis. If multiple stones are present, it is usually advisable to operate irrespective of the size of the individual stones. In cases of bilateral nephrolithiasis, if there are no acute symptoms and the stones are large and multiple, operation is usually inadvisable. Removal of such stones situated in both kidneys is usually accompanied

by considerable destruction of the kidney tissue, and the chances are the patient would live as long and as comfortably without operation. When the symptoms are acute and unilateral, however, operation is of course indicated. Low renal function usually contra-indicates operation, although if the symptoms are very acute, operation may be justifiable even under such conditions. A renal functional test of from 20 to 30 per cent. in the presence of lithiasis, particularly when bilateral, will frequently become approximately normal after the stones have been removed. When the phenolsulphonephthalein return is only a trace, however, and the urea retention is high, operation should not be considered unless the symptoms are urgent. In cases of stone in the lower ureter, in justice to the patient an attempt should be made to dislodge the stone by cystoscopic manipulation before resorting to operation. Braasch has been able to cause the stone to pass following such manipulations in 126 cases; but he believes that when the stone has been lodged in the lower ureter for from three to six months or longer, or when it is larger than 2 cm. in diameter, the possibility of its dislodgment by cystoscopic methods is greatly diminished. Such manipulations are also contra-indicated when there is acute renal infection, intolerance on the part of the patient to the cystoscope or anatomic deformity.

## HYGIENE AND PUBLIC HEALTH

UNDER THE CHARGE OF

MILTON J. ROSENAU, M.D.,

PROFESSOR OF PREVENTIVE MEDICINE AND HYGIENE, HARVARD MEDICAL SCHOOL, BOSTON, MASSACHUSETTS,

AND

GEORGE W. McCOY, M.D.,

DIRECTOR OF HYGIENIC LABORATORY, UNITED STATES PUBLIC HEALTH SERVICE, WASHINGTON, D. C.

**Psychiatric Studies of Delinquents.**—TREADWAY and WELDON, U. S. Public Health Service, and HILL, Special Agent of the Children's Bureau, U. S. Department of Labor (*Public Health Reports*, No. 27, XXXV, 1575) report the results of studies on the mental and medical aspects of prostitution, and draw the following conclusions and recommendations: The presence of so many psychopathic individuals among the groups studied indicates that the problem of delinquency—and particularly of sexual delinquency among girls and women—is a medico-psychological as well as social one. Moreover, the findings of this study as they relate to the make-up of these offenders show the importance of recognizing and understanding certain types of mental reactions in children, which frequently lead to the development of antisocial traits of character in later life, in order to institute suitable methods of corrective training. The findings indicate the need for an adequate system of medical supervision of children in the schools. The principles of personal hygiene should be taught; a dentist and dental equipment